ARIZONA STATE BOARD OF HEALTH State File No BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH Registered No STANDARD CERTIFICATE OF BIRTH District or Township a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. Sex of Child To be answered ONLY 4. Twin, triplet or other..... 6. Legitimate ? 7. Date in event of plura births. 5. No., in order of birth..... FATHER MOTHER Full name Full maiden name 9. Residence 15. Residence (Usual place of abode) (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 10. Color or race 16. Color or race 11. Age at last birthda (Years) 17. Age at last birthday 25 (Years) 12. Birthplace (city or place) ... 18. Birthplace (city or place) (State or country) (State or country) 13. Occupation 19. Occupation Nature of Industry Nature of Industry 21. Were precaution taken against oph-20. Number of children of this mother..... (a) Born alive and now living. thalmia neonatorum? / (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE : 40 U.m. on the date above stated. I hereby certify that I attended the birth of this child, who was work *When there was no attending physician Signatur Oyru or midwife, then the father, householder, cte., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or-midwife.) Given name added from a supplementl report..... Month. day, year

581-323-44

٠ م

Registrar.